

**Children's Cabinet  
Work Group on Trauma Informed Care**

*Tuesday, June 25, 2019  
3:00-5:00pm  
Patrick Henry Building, Conference Room 1  
1111 E. Broad Street  
Richmond, VA*

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**Members Present:** Amy Atkinson, Holly Coy, Robert Bolling, Danielle Campbell, Chaniece Williams, Isabela Silva, Catherine Travers (for Stephanie Lynch), Scott Reiner, Nicole Poulin, Cassie Cunningham, Jane Ball, Kim Dupre, Laurel Marks, Christian Paasch, Nancy Fowler, Lynne Richman Bell, Greta Rosenzweig, Wendy Goodman, Maribel Saimre, Travis Staton

**Staff Present:** Gena Berger, Holly Coy, Chidi Uche, Laurie Crawford

**MINUTES**

**I. Welcome and Announcements**

*Gena Berger, Deputy Secretary of Health and Human Resources*

- Suicide prevention month is September and Virginia will focus a campaign on families, efforts in schools, for veterans, and for the farming community specifically.
- Special session will begin on July 9<sup>th</sup> related to gun violence in schools, communities, workplaces, etc. Roundtables have been hosted, and the Administration is looking at it from a public health lens.
- Maternal and Infant Health announcement to eliminate the disparity between white women and women of color by 2025
- Announcing the new Virginia Fosters Campaign Director, Leslie Fraser. She will be working to better recruit and support foster families in Virginia.
- Information on the Beyond Aces Summit in Petersburg on intersection of race, poverty and trauma

**II. Follow up from December Report & Recommendations**

*Gena Berger, Deputy Secretary of Health and Human Resources*

The December report to Children's Cabinet recommended creating an internal steering committee so all child and family-serving can work better together. Further examination identified several internal and external stakeholders participated in both the Trauma Informed Care (TIC) Working Group and committees associated with the Linking

Systems of Care (LSC) project at VDSS. The recommendation was to convene an internal “Trauma-Informed Care Steering Committee” to consolidate efforts.

Current groups focused on this work include:

1. TIC Working Group
2. LSC Stakeholder Advisor Council
3. LSC Partner Agency Team

Proposed structure: TIC Working Group would add members to be inclusive of related state agencies and stakeholder groups, and a trauma-informed steering committee which would be called the Trauma-Informed Leadership Team (TILT) and it would consist of all related Executive Branch Agencies.

Roles and Responsibilities:

1. TILT would be responsible for:
  - Developing short and long-term resiliency metrics and dashboard; identify systems changes needed to share data
  - Sharing executive branch agency activities and best practices around TIC
  - Developing legislative and budget recommendations
  - Fulfilling the work of Linking Systems of Care grant (toolkit, executive branch agency policy review, statewide rollout, etc.)
2. Children’s Cabinet TIC Working Group would be responsible for:
  - Reviewing and advising on short and long-term metrics for statewide dashboard
  - Sharing activities and best practices in local communities and among child and family-serving programs
  - Developing a strategic plan for recruiting, training, and supporting a trauma-informed workforce

Feedback to the structural changes to the Working Group included:

- requests for further clarification on why the work group changes were happening
- how local/community work would continue to be uplifted within the working group
- the focus of individual groups (TILT vs. work group) specifically regarding the project needs of the Linking Systems of Care project

### **III. Reflections on the Rural Summit for Childhood Success**

*Travis Staton, President and CEO of United Way of Southwest Virginia*

Many attended the Rural Summit in May 2019 in Abingdon, VA to learn how systems that are child/childhood servicing systems have been adversely affected by trauma. This includes substance use/abuse, especially opioid addiction, which affects rural areas in tremendous ways. Leaders from various rural settings came to learn best practices in trauma-informed responses and how build resiliency in children by helping these systems. Attendees heard from community members on what they feel they are missing

in rural and Southwest Virginia when it comes to the work of trauma-informed care in various spaces.

Travis Staton also shared that a crucial part of United Way's work is to create sustainable educational opportunities in order to stabilize the workforce of tomorrow, and a key part of this is addressing mental health needs. Through the United Way and partnered with State Office of Rural Health, the Summit aligned organizations that want to move the work forward. The United Way of Southwest Virginia also created the IT Infrastructure Partnership is a 'Cradle to Career' approach, convening partners in order to make an impact, and anchor institution in rural regions of Virginia. It includes 21 county/locality service areas (20% of Commonwealth), largely rural.

Consistent feedback on the challenges and hindrances to rural communities included:

1. Lack of collaboration, coordination, and communication as well as lack of a backbone organization;
2. Lack of knowledge on how to deal with trauma as well as a lack of knowledge of resources;
3. Inconsistent trauma-sensitive practices and lack of qualified evidence-based services; and
4. The stigma on trauma and a lack of acceptance for the need for treatment.

Summit highlights and follow-up to implementation included:

1. The need more training and information on trauma-informed practices;
2. A strategy organizations can incorporate;
3. Continuous communication on regional efforts and on what is being done around the Commonwealth; and
4. Response plans on how to build resiliency.

Roundtable Discussion Questions:

- In building regional alignment and knowledge of childhood trauma, what types of challenges do you foresee that the state could assist with?
- What types of partnerships will be needed at the state level to improve child outcomes?
- What is currently working at the state level that should be continually supported and/or scaled to improve child outcomes?

#### **IV. School-based Health Center Updates**

*Holly Coy, Deputy Secretary of Education*

Senator Dance and Delegate charged the Children's Cabinet to research best practices and policies around school-based health centers. The task force will be looking at and for current school models, but also for places that have tried but failed because we learn from our failures. The landscape right now is mostly in the context of redesign/behavioral health and medical services to children, public/private insurance billing, and state-wide/affiliate to organize efforts around school-based health centers. The task force will be bringing in national partners to learn from their experience and efforts, will look at

redesign, and identify how the state can support communities and remove barriers for those who want to go down this path.

Three meeting dates are scheduled for August 1, September 2, and October 7 from 1:00PM – 4:00PM. Locations TBD.

## **V. Work Plan Development**

*Chidi Uche, Advisor on Childhood Trauma and Resiliency*

In the last meeting, the group identified areas in which they hope to see the group continue the work as we move into 2020. With responses from the last meeting categorized by themes, the group took a deep dive into the themes and identify which were of highest priority and most critical to the mission of the work group, meanwhile ensuring that often-overlooked, yet equally as important areas are highlighted in the process.

The group identified:

1. Pay for the workforce and the delivery of services in a trauma-informed way;
2. Aligning efforts as much as possible with the Governor's Workforce Development working group which concentrates on specific shortages and areas in behavioral health;
3. How we finance redesign so we can attract more providers to serve high needs populations;
4. Highly prioritizing workforce development through training and sustainability – specifically as it relates to trauma; also building capacity around relationships and around strategies; and
5. Deepening the well of understanding and practice, providing information and opportunity to practice, and work with practitioners in developing trauma-informed practice.

Specific areas of need included:

- Defining and developing trauma informed care competencies across systems since there is no clearly defined and widely-recognized certificate or 'gold standard' in trauma-informed care
- Exploring resources for TIC competency curriculum; state-level TIC training and curriculum
- Creating a smaller group to work on how to figure out exactly how to develop the workforce trauma informed care
- Assessing existing practices throughout the Commonwealth, what incentives are being used, and exploring current resources and sustaining them
- Embedding culture change within the leadership of agencies and organizations so there is an understanding that the work environment they create and policies their

employees operate under has just as much to do with ‘the work’ of trauma-informed care; and

- Orient the language around resilience-building, not just trauma.

*Meeting Adjourned at 5:00 PM*

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